

1	STATUS
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ACTIVE		
INACTIVE		
TERMINATE		
		CODE
EFFECTIVE DATE		
MM	DD	YY

STATE OF IDAHO
DEPARTMENT OF EDUCATION
IDAHO BASIC EDUCATIONAL DATA SYSTEM
NONCERTIFIED STAFF

2	SCHOOL YEAR
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3	SOCIAL SECURITY NUMBER
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4	DISTRICT
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5	PRIMARY BUILDING
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6	PERSONAL INFORMATION
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NAME		
Last	First	Middle

ADDRESS			
Mailing Address	City	State	Zip

BIRTH DATE			SEX	ETHNICITY
MM	DD	YY		

7	DISTRICT EMPLOYMENT INFORMATION
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EMPLOYMENT DATE			MEMBER P.E.R.S.
MM	DD	YY	

8	ASSIGNMENTS AND WAGES
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ASSIGNMENT				ASSIGNMENT				ASSIGNMENT			
CODE	RATE/HOUR	HOURS	WEEKS	CODE	RATE/HOUR	HOURS	WEEKS	CODE	RATE/HOUR	HOURS	WEEKS
	\$				\$				\$		

EMPLOYEE FUNDING SOURCE							
1st Program		2ND Program		3RD Program		4TH Program	
Code	% of FTE	Code	% of FTE	Code	% of FTE	Code	% of FTE

9	PARAPROFESSIONAL INFORMATION (Required for all Instructional Aides)
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Academic College Degree Date of Degree (mm/dd/yy) Institution:

OR

Academic Transcript Credits Date Completed (mm/dd/yy) Institution:

OR

Date Passed ETS Parapro Exam (mm/dd/yy) Score:

AND (by fall 2006)

Date Competency Checklist Met (mm/dd/yy) Verified by:

Position (Superintendent, Principal, Director)